08/30/23 • BIG PHARMA › NEWS

Weight Loss Drugs for Kids: A 'Minefield of Health and Emotional Problems,' Researchers Warn

A group of researchers at the University of California, Irvine, said young people's exposure to weight loss drugs on social media, combined with teens' proclivities toward risk-taking and the coming availability of the drugs in oral form will "create a perfect storm" for potential abuse.

By Brenda Baletti, Ph.D.

21

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The use of popular weight loss drugs to treat childhood obesity may have serious unintended negative consequences for children, according to a group of researchers at the University of California, Irvine (UCI), UCI News reported.

In an article, which will be published in the Journal of Clinical and Translational Science, the researchers outlined the likely dangers of more widespread use among children of glucagon-like peptide-1 receptor agonists (GLP-1RAs) — the drug class that includes blockbuster drugs Wegovy and Ozempic, among others.

The researchers warned against the unknown effects of prescribing the drugs to children, given the "dearth of research" on these drugs in children and adolescents and the likelihood that the drugs would be prescribed for long-term use.

The article includes a call to action for better research on the drugs' effects on the pediatric population and oversight to mitigate threats to pediatric health.

High-profile research touting the success of the injectable drugs for treating childhood diabetes

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and promoting weight loss, along with the likelihood that the drugs will soon be available in oral form, makes it "inevitable" that more children and adolescents will be taking them, according to the UCI researchers.

Doctors will be more likely to prescribe the drugs, particularly among populations with high obesity and low fitness levels, and more children and teens may find ways to access and abuse the drugs on their own.

RFK Jr./Hooker NEW book: Vax-Unvax. Order Now!

Children, they wrote, need energy for physical activity, like adults. But they also need extra energy from their diet for growth and development. Any change in the balance of caloric intake and energy expenditure, which the drugs may easily cause, could adversely affect children's health later in life.

For example, an energy intake-to-expenditure imbalance could cause insufficient bone mineralization in youth which could lead to osteoporosis and fractures later in life. Lack of necessary caloric intake could also adversely impact metabolism, causing harmful growth patterns and inflammation, the researchers said.

The researchers found children already know about these drugs from social media. That knowledge, along with teens' proclivities toward risk-taking, and the availability of the drugs in oral form will "create a perfect storm" for potential abuse.

"With the increase in social media, young people are already exposed to a diet culture and body images which may not be attainable and, ultimately, unhealthy," said Jan D. Hirsch, Ph.D., article co-author and dean of the UCI School of Pharmacy and Pharmaceutical Sciences. "These drugs administered without proper supervision could cause a minefield of health and emotional problems for children as they age."

The risks are particularly high among youth with eating disorders or body image issues, or youth who participate in weight-sensitive sports such as gymnastics or wrestling, they added.

The paradigm for addressing weight issues through medication, they wrote, is indicative of:

> "the increasing medicalization of pediatric conditions … many of which result from environmental and societal rather than biological mechanisms, and the lack of progress in particular made in addressing the environmental and lifestyle issues that have contributed immeasurably to the childhood obesity epidemic."

The researchers raised concerns about the lack of studies the drugs have undergone in pediatric populations. "Children are not miniature adults and as newer formulations emerge it cannot be assumed that pharmacokinetics [how a drug moves through the body] or adverse effects in adults are the same in children or adolescents," they wrote.

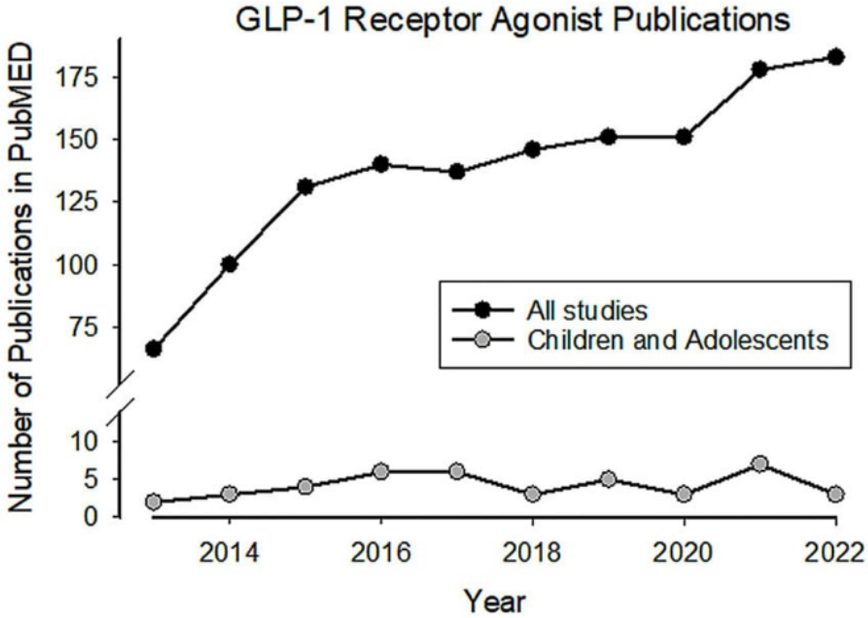

Figure 1. Dearth of research on GLP-1 RAs in children and adolescents. The use of these medications in the pediatric age range is likely to be long term. Little is known about the long-

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term and lifespan effects of these drugs during critical periods of growth and development.

Credit: Dan M. Cooper, Mark A. Rothstein, Alpesh Amin, Jan D. Hirsch and Emma Cooper

They raised concerns about dosage, lifelong reliance on the drugs and other lifestyle interventions that may be necessary for children.

Other known side effects not mentioned in the article include pancreatitis, thyroid cancer, gallbladder swelling, renal failure, diabetic retinopathy and suicidal thoughts.

The drugs also carry serious and under-discussed risks for pregnant women, and experts have raised concerns about the use of the drugs by young women of childbearing age.

The authors concluded that given the "inevitable" overuse and abuse of these drugs among pediatric populations a network of academic centers called "Clinical and Translational Science Award Hubs" ought to take up the responsibility of mitigating the problem.

These hubs ought to build multidisciplinary teams to study the effects of these drugs on children and adolescents, use real-world data to identify where the drugs are most likely to be used, and update recommendations for lifestyle interventions, they suggested.

No mention of the AAP Guidelines

The paper did not mention another key driver of increasing prescriptions for weight-loss drugs among kids and teens — the new clinical guidelines for treating childhood obesity issued by the American Academy of Pediatrics (AAP) earlier this year.

The AAP issued the guidelines in January, recommending weight loss drugs for obese children as young as 8 and consultation for bariatric surgery for children with severe obesity as young as 13.

The AAP issued the new recommendations less than a month after the U.S. Food and Drug Administration approved Wegovy as a treatment for teenagers with obesity.

There are no long-term studies on the effects of the drugs in adults or teens.

The authors of the guidelines maintain their support for them. Lead guideline author Sarah Hampl recently told STAT News the guidelines urgently needed to be updated and, "We feel that this was a good continuation of previous work that had been done and reflected the latest state of the evidence, which, as we all know, is evolving rapidly."

But when the guidelines were released, experts told The Defender they were "shocked" by the recommendations. They said the focus on drugs and surgery would have devastating adverse effects for children but would make big profits for Big Pharma.

Mary Lou Singleton, a midwife and family nurse practitioner, told The Defender the new AAP guidelines "offered no meaningful analysis or explanation of what is driving the childhood obesity epidemic."

Dr. Michelle Perro, a pediatrician, executive director of GMO Science and author of "What's Making Our Children Sick?: How Industrial Food Is Causing an Epidemic of Chronic Illness, and What Parents (and Doctors) Can Do About It," added:

> "Unless we remove the pesticides and other toxicants, the promotion of drugs and surgery are panaceas, bandaids, and foster the 'pill for ill' model, rather than root-cause real solutions."

Experts in obesity medicine, nutrition, eating disorders and sociology, have also criticized the guidelines. They say the guidelines focus on weight instead of health, that they lack clarity about who the recommendations are for, they rely on limited data, and they downplay the long-term implications of drug treatment and surgery, STAT News reported.

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Brenda Baletti, Ph.D.

Brenda Baletti Ph.D. is a reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.

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BChristine
5 days ago

What happened to teaching children about food, nutrition and cooking? Unfortunately that's not in the "agenda". What a dysfunctional and sick nation we live in for Big Pharma to be the 1st line of defense against "obesity".

8 0 Reply • Share ›

GS
5 days ago

It all comes down to the so-called "parents". Too bad these kids happen to be the offspring of a generation of weak/cowardly/ignorant slave minds.

6 0 Reply • Share ›

brbg → GS
3 days ago

I remember decades ago when I worked at a day care center on a military base where my husband was stationed. A mother brought her already obese baby to the center along with what she wanted to give her child for lunch. It was baby food apple cobbler! When she returned, I informed her that I had given him a baby food meat and veggie for lunch instead because she had accidentally sent him with dessert. She said "No, that's what I wanted him to have for lunch"!. Stupid parents are cause of childhood obesity.

2 0 Reply • Share ›

Ricky Ricardo → brbg
a day ago

There are millions of them who mistake THREATS for T~~h~~REATS

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Trish P
5 days ago

Ozempic (to lose weight) is the worst! After a year it ruins your thyroid and causes cancer. Do some research. It has a "black box warning."

Kids need a lot of exercise and cut the sugar and in-between meal snacks and junk food. Need to limit computer/tv time.

5 0 Reply • Share ›

Ricky Ricardo → Trish P
a day ago

Cancer is a HUGE **business**! It's **business** as usual!

0 0 Reply • Share ›

Brian Collecott
4 days ago

The obesity epidemic around the world really got started following the introduction of high fructose corn syrup as a sweetener. It should never have been allowed. Most UK GPs don't even understand its role. We have an almost universal failure of regulators to protect us.

3 0 Reply • Share ›

brbg → Brian Collecott
3 days ago

Not to mention the hormone disrupting pesticides not only outside our food while growing but taken up into the food crops.

0 0 Reply • Share ›

Cassandra
5 days ago

Obesity is not a disease.

3 0 Reply • Share ›

notaluvvie → Cassandra
5 days ago

Exactly, it's a lifestyle choice.

3 0 Reply • Share ›

Brenda → Cassandra
5 days ago

While it is not a disease, there are many factors that make it harder for some than others. Many have inherited fat genes, low metabolism, hormonal imbalance, digestive issues, etc. Fat shaming does not help matters. Everybody who is fat already knows it and would cut off their right arm to be thin. Encouragement and education is much better than being judged. There are times when medical intervention (correcting imbalances, education, etc.)can help, but not drugs or surgery for kids.

3 1 Reply • Share ›

MultiChubby1
5 days ago edited

It would be so much cheaper and easier to just round us all up against alot of concrete walls and put us down like animals. Oh, wait!

3 0 Reply • Share ›

Greebo
4 days ago

Children need to have their weight managed by having a nutritious diet that does not include habit forming & dangerous amounts of sugar, seed oils, chemicals, additives, glyphosate, GMOs, & processed foods. Children need to eat the food that we evolved to process properly & to run our metabolic processes efficiently.

2 0 Reply • Share ›

Ricky Ricardo → Greebo
a day ago

I think you just defined the **S**tandard **A**merican **D**iet!

1 0 Reply • Share ›

Noni S
4 days ago edited

According to Bryan Ardis, Ozempic and Wegovy are made from the venom of the gila monster, a lizard from the southwest. They paralyze the vagus nerve, which inhibits the stomach from digesting the food -- the reason users feel full. After being on the drug for a while, eventually the digestive muscles are no longer able to function at capacity, which causes sustained digestion problems.

Also, many cancers become more prevalent in users.

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jann → Noni S
3 days ago

Thank you, I wasn't aware of this. The truth! I may hand out flyers about this outside of weight loss doctors' offices.

0 0 Reply • Share ›

Brenda
5 days ago

Obesity is complex. I know all about nutrition/exercise and I still struggle. Having said that, I don't think children should undergo this drug and surgery treatment. In order to educate the child, you might need to educate the parents. If they make even small changes, most kids will get their growth spirt and "outgrow" their fat. It also helps to not make certain foods "forbidden fruit" because they will sneak food, or get a complex that they are bad if they succumb to that food. With my kids I taught them that some foods are "eat all you want" foods, some are everyday but not go crazy" foods, and some are "once in a while" foods. That way they can eat at social gatherings without resentment that they can't have the birthday cake. Also, including them in the shopping and food prep helps them to learn that food is more than just what you eat. Having them grow their own veggies makes them more likely to eat them. They need to enjoy their childhood with reasonable guidance and encouragement that they are not helpless, but in control of how they take care of their body.

2 0 Reply • Share ›

Rob DF → Brenda
4 days ago

I disagree (mostly). Obesity is actually very simple, bad diet and sedentary lifestyle. I will grant that once someone is obese, getting out of it is a challenge and not as simple as eat less and exercise more. That makes educating the young on healthy lifestyle critical since it sets the foundation for a healthy life.

3 1 Reply • Share ›

Cassandra → Brenda
20 hours ago

Things are def different now. When I was growing up, I only remember one obese kid, and a few overweight kids. Certainly not 1/5, as is currently the case.
You're right obesity is complex. There are many issues at play. Obesity due to medical conditions or medication side effects isn't the typical cause of obesity. But, yes, it does happen.
What has changed from the 80s and 90s? Foods and technology? Food is much crappier and technology has caused people to be more sedentary.
I grew up in a rural area, big natural spaces. We spent our winter days playing hockey on the pond and snow football and the rest of the year doing other sports and outdoor activities. We didn't have one fat kid in our neighborhood. I bet if I were to go back, there'd be some fat kids.
We didn't have the concept of "play dates." I have no idea how that came about. Safety concerns? My range of independence, or the distance away from my home I was able to traverse without my parent present was large. Now kids are chaperoned everywhere and activities are scheduled, it seems. I'd ride my bike 3 miles to my friend's house. Now kids are driven 1/2 mile to school.
Things are just different. I think stuff like that plays a role in the child obesity problem.

0 0 Reply • Share ›

Ricky Ricardo
a day ago

I have my own "weight loss" plan for the kiddies: Stop eating ultra processed garbage, eat fresh fruits and vegetables and meats; organic, whenever possible. Get plenty of outdoor exercise every day; and get the parents to buy you a bicycle...ride for at least an hour a day. It's so much fun that you won't even realize that an hour has elapsed!

0 0 Reply • Share ›

Ricky Ricardo
a day ago

So they make a boatload of money making the kids sick with fake, toxic food-like substances; then they also get richer on the other end, pretending to offer a "solution" - which of course, is only going to complicate matters further!

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